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APPLICANTS

George W. Bagby, Spokane, WA;

**** CONTINUING DATA ****

This application is a CON of 10/039,384 12/31/2001 PAT 6,689,167
 which is a DIV of 09/179,920 10/27/1998 PAT 6,371,986

**** FOREIGN APPLICATIONS ****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 05/06/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 19	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS
 021567
 WELLS ST. JOHN P.S.
 601 W. FIRST AVENUE, SUITE 1300
 SPOKANE, WA
 99201

TITLE
 Bone joining implant with retaining tabs

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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